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RESEARCH

Aids como doença do outro: uma análise da vulnerabilidade feminina

Aids as a disease of the others: an analysis of women's vulnerability

Sida como una enfermedad de los otros: un análisis de la vulnerabilidad femenina

Carla Marins Silva ¹, Octavio Miniz da Costa Vargens ²

ABSTRACT

Objective: To describe the women's perception in a stable relationship, about the female vulnerability to acquire Aids. **Method:** Descriptive, qualitative research accomplished in 2008 in a University Campus in Rio de Janeiro. Interviews were carried out with 15 women, who declare themselves as in a stable relationship, of different educational levels, ethnic origins and religions. The study complied with the requirements of the National Research Ethics Committee. For data analysis was used the content analysis. **Results:** The interviewees considered women in stable relationship vulnerable when trusting the partner, for not using preservative and for the lack of information. Taboos and shame were showed as obstacles for prevention. **Conclusion:** It was evidenced that the interviewees recognize the other women as vulnerable since they exclude themselves from vulnerable groups. One of the challenges for AIDS prevention is to revert this low perception related to risk of these women. **Descriptors:** Woman's health, Nursing, HIV, Vulnerability, Gender and health.

RESUMO

Objetivo: Descrever a percepção das mulheres com relacionamento estável quanto à vulnerabilidade feminina para contrair AIDS. **Método:** Pesquisa descritiva, qualitativa, realizada em 2008 num Campus Universitário no Rio de Janeiro. Foram entrevistadas 15 mulheres autodeclaradas em relacionamento estável, de diferentes escolaridades, raças e religião. Atenderam-se às exigências do Conselho Nacional de Ética em Pesquisa. Para análise dos dados utilizou-se a análise de conteúdo. **Resultados:** As entrevistadas consideram as mulheres em relacionamento estável vulneráveis por confiarem no parceiro, não usarem preservativos e pela falta de informação. Tabus e vergonha mostraram-se obstáculos para prevenção. **Conclusão:** Evidenciou-se que as entrevistadas reconhecem as outras mulheres como tendo sua vulnerabilidade aumentada uma vez que se excluem dos grupos vulneráveis. Portanto, um dos desafios para a prevenção e controle da AIDS é reverter esta baixa percepção em relação ao risco dessas mulheres. **Descritores:** Saúde da mulher, Enfermagem, HIV, Vulnerabilidade, Gênero e saúde.

RESUMEN

Objetivo: Describir la percepción de las mujeres, en relación estable, sobre la vulnerabilidad femenina para adquirir la SIDA. **Método:** Investigación descriptiva y cualitativa, realizada en 2008 en un Campus Universitario en Río de Janeiro. Fueron entrevistadas 15 mujeres, autoproclamadas en relación estable, de diferentes niveles de escolaridad, raza y religión. El estudio obedeció a los requisitos del Consejo Nacional de Ética en Investigación. Los datos fueron analizados por el análisis de contenido. **Resultados:** Las entrevistadas consideran a estas mujeres vulnerables por confiar en sus compañeros, por no usar el preservativo y por la falta de información. Tabús y vergüenza fueron consideradas obstáculos para la prevención. **Conclusión:** Las entrevistadas reconocen a otras mujeres con vulnerabilidad aumentada desde que ellas se excluyen de los grupos vulnerables. Uno de los desafíos para la prevención del SIDA es revertir esta baja percepción de riesgo, observada entre las mujeres. **Descriptor:** Salud de la mujer, Enfermería, HIV, Vulnerabilidad, Genero e Salud.

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INTRODUCTION

Worldwide the AIDS epidemic took a profile heterosexual contamination, increasing the number of cases of the disease among women, evidenced in the progressive reduction of the sex ratio, ie the number of cases of men divided by the number of cases in women all exposure categories. It may be noted that in 1989, the sex ratio was around 6 cases of AIDS in men for every 1 case in women. In 2010, reached 1,7 cases in men for every 1 in women.¹

Note that some studies^{2, 3, 4} support the idea that, with a casual partner, women can be more forceful about condom use while in their stable relationships, cannot seem to enforce their will or negotiate safe sex. The vast majority of women with fixed relationships speaks only in preventing pregnancy and only comments on prevention of sexually transmitted infections/human immunodeficiency virus (STD/HIV) when questioned about it. Among these women the contraceptive pill is the most widely used method for the prevention of pregnancy and often, it is kept for long uninterrupted periods of their lives, as well adapted. In many cases, the condom has never been used.⁵

Currently, with the impact of the feminization of AIDS, it is no longer possible to discuss risk groups, risk factors or risk behaviors because the epidemic also includes women that protect marital fidelity that maintains a heterosexual consensual and unprotected.⁶

Thus, the stable relationship becomes a critical scenario in the context of vulnerability to AIDS, because, often, there is no adoption of protective behaviors. Research involving conjugality confirms what appeared in the present study, showing that women who experience an affective-sexual stable consider themselves safe from HIV/AIDS for several reasons.^{7, 8}

Thus, the PURPOSE of this study is to describe the perception of women with a stable relationship of female vulnerability to contracting AIDS.

THEORETICAL FOUNDATIONS

When we draw the profile of the AIDS epidemic, we note the speed with which the infection has increased among women in recent years. The majority of reported cases is still men, although values approaching equality in recent years.¹ HIV among women indicates not only the difficulties to offer institutional responses to contain the epidemic, but also, and above all, refers to gender issues. It was from the conception of gender as a category of interpretation and analysis of relationships between men and women who made it possible to

understand the construction of the social roles of men and women whose asymmetry causes increased vulnerability of women to infection.⁹

Gender is socially constructed gender, or even a set of strategies in which society transforms biological sexuality into products of human activity. Since a long time, the social construction of women's history is based on submission to men, inferiority and inability to equalize the sexes.¹⁰ Even today, the relationship between men and women is based on the demarcation of different roles, in a way favoring the man, allowing him opportunities unevenly in relation to women.¹¹

It is known that the inequality between the sexes, male and female, has produced historically a submission and inferiority of women. Women remain excluded from decision-making in public and private life, still receive lower wages and less than men for the same jobs and are affected by the everyday violence, domestic and sexual.¹¹ This subordination economic, socio-cultural, physical and sexual leaving them with few resources to defend themselves from exposure to STIs/HIV, due to the lack of bargaining power in sexual relationships and therefore the difficulty in requiring safe sexual behavior of their partner.¹⁰

Thus, this inequality yields greater vulnerability for women, impacting increasingly epidemic among them. Note that another important point for discussion is the low risk perception among women, especially among those with stable relationship.⁴ It is very difficult to teach prevention of heterosexual women who have no concept of risk and have no power to change their partner's behavior.¹² An important step towards prevention would make women really believe that the risk also belongs to them.

The woman should be encouraged to take control of your life, implying by investments in educational and employment opportunities, with equality in relation to man, and also in relation to the area of sexual health, the right to health and health care.¹¹ This includes strengthening the self-esteem of women, so this way you can express yourself, to defend their rights in the area of sexual and reproductive decisions, in personal relationships, family and community. These steps are considered essential to enhance the power of women and their statement in the society in which it operates.

METHOD

The descriptive study with a qualitative approach was conducted on a college campus, situated in the north zone, in the city of Rio de Janeiro, Brazil, during the months of April and March 2008.

The study subjects were 15 women, aged from 18 years old, declaring themselves in a stable relationship, the different levels of education, race and religion. In this group, because they are attending the university campus, include students of different courses, technical administrative servants or teachers and other users of the premises of the campus, which

were mostly single and whose ages ranged between 18 and 44. These were approached at random in the lobby of the campus. Those who agreed to participate were given the opportunity to decide on a time and place for the interview. Thus, the data were obtained through semi-structured interviews, recorded and transcribed for later analysis. These occurred in isolated locations, the choice of the interviewees themselves, to maintain their privacy.

We met all the requirements prescribed by the National Board of Health and was approved on March 12, 2008 by the Ethics Committee of UERJ (1969-CEP/HUPE protocol).

Data analysis was done according to the premises of Content Analysis.¹³ For analysis, we made a brief reading of the interviews highlighted the units of records that arose.

RESULTS AND DISCUSSION

The data reveal that the respondents, in a stable relationship, consider women as vulnerable. Note that many of these women are not considered at risk, ie, excluded of womanhood and spoke about other as potential for STIs/HIV. It can be concluded that have a low self-perception of vulnerability.

There were women who said that other women are vulnerable because they do not use condoms. But some of these women during the interview said they do not always use condoms, which shows us that realize that the other has greater vulnerability if excluding risk.

With certainty they are vulnerable. Most people I know do not use (...) other, my friends, what happens, they do not even use because they do not want, you know? Find it uncomfortable, the guy does not think it's cool, but it's a situation like this, in my view, should use for sure the condom. (Interview 1)

I think most do, because no one cares, because I do not think most women do not use condoms because they do not want their boyfriends. (Interview 10)

I imagine other women, I think most of them give, and I think maybe they do not have the initiative to ask the guy to put a condom, or pick up and throw. (Interview 14)

Speaking at prevention STI/AIDS, some women interviewed said that having a stable relationship is a vulnerability factor for other women, because it is not related to condom use. This is particularly so among other reasons, by preventing unwanted pregnancy with only the use of the contraceptive pill.

Starts dating, starts to prevent pregnancy and STIs forget and do not prevent AIDS and do not give due weight to use condoms and always end up not using. (Interview 6)

Most couples do not use fixed, it is very, very difficult, but more because of the pregnancy not because of STI. Although complicated. (interview 7)

Are, because I think that when a woman is in a stable relationship, the woman just happens to not use even use it at the beginning, after a while it starts to stop hand, it starts to not use and there, she becomes vulnerable. (Interview 3)

Other women related the vulnerability of other women with no stable relationship, with the highest number of partners, exchange partners, the "get" without compromise, use of licit and illicit drugs and consequently trivialized sex. These statements are somewhat conservative slant and take the risk of women who live a life together with your partner, who often do not use condoms and transferring to women who do not have a fixed relationship, but it can be prevented.

But what may make some women are more prone to this, is that few worry or else because many women have more than one partner, many are not in a stable relationship. (Interview 2)

And some of my friends have, in some conversations, let slip that he met a guy today and let him go in the fourth sex without a condom. (Interview 7)

I think, nowadays sex is increasingly commonplace. The girls are very easy going to bed with anyone who appears, do drugs, drink all the time, which, incidentally, the drink does not cease to be a legal drug, but it is a drug and that the person loses consciousness temporary what you're doing and makes it first appears and sometimes does not take the necessary precautions ... almost always. (interview 9)

The women interviewed believe that female infidelity leaves the other women to be vulnerable to STIs/AIDS; again, presenting conservative nature of a deposition, which excludes the risk women who are monogamous with the orderly life.

Not even if she is not only the partner, it can also have a relationship outside of courtship, marriage, and this can lead ... expose the partner also the risk, right? (Interview 3)

Many women have their companion at home, but prefer to have their adventures out there, so that's why I think they are so ... is much easier they catch these diseases, HIV ... for that reason. (Interview 4)

In some interviews, the women recognized the lack of information as a factor of vulnerability of other women; also appeared in the testimony, the taboo and shame as obstacles to prevention. Soon it should increase the number of campaigns, activities for which there is no shortage of information.

I think women are more likely perhaps less informed, although I believe that information is very available today regarding the transmission as sexual transmitted diseases, the right measure is using a condom, and I think all women are more or less aware of it. (Interview 2)

I think, right? Unfortunately, due to lack of information, we know that AIDS today, it is somewhat controlled, we think that everyone knows that everyone has heard, but it is not so (.. .) there is a bit of

a taboo, an embarrassment, a limitation, not talk, do not want to know or question. (Interview 13)

Another vulnerability factor that emerged in the interviews was the STI/AIDS as a disease of the other. Despite having a lower perception of vulnerability, some women can recognize that others are vulnerable because they believe it will not happen to them, or other disease.

Now ... people really believe in luck, believe that things happen only with the neighbor, (...) this story that ah just another pregnant, only to have another disease and is not very well. (interview 8)

And when you think you know my house will not happen, right? And if not prevents, sometimes even ... and think they will pick up and with it will not happen. (Interview 13)

The idea of AIDS as a disease of the "other" was investigated in several studies. In this research the "other" appears as more vulnerable to contracting and some women interviewed are supposedly protected. The "other" becomes contaminated behaving in such a manner justifying this contamination. In many cases there is no concern about AIDS and this is linked to a moral code, in which marriage seems to guarantee "immunity" to disease. It is a classification system that establishes clear boundaries of who may have AIDS, or promiscuous people with behaviors diverted and wild life and who cannot, including women with only one partner, where love is present.⁸

In a survey of HIV-positive women, all women said they had not realized the risk of contagion, not considered vulnerable to HIV and therefore not adopted protective measures against the virus, as they were faithful and devoted to home and family. Women who denied the risk believed that HIV was threatening other people and excluded risk.¹² Often also did not realize the risk of not consider part of the largest groups of possible contamination.

Although the women interviewed in the current study to realize the importance of condoms, they, for various reasons, do not use it. However, when speaking of the other women, they fail to realize that they are vulnerable precisely for not using condoms and even complete they do not, in most cases, they do not want. The same appeared in another study⁴, in which women claim that other women do not want to care for or do not like to use condoms. In research¹⁴, with men and women, presumably heterosexual women attributed little value to condoms and reported two types of arguments: the argument similar to that of men, which is interference in pleasure and avoidance of feeling semen during relationship sexual fear that the condom broke during intercourse or even fear of itching and burning.

In the present study, some women recognize that the relationship is a stable vulnerability factor for the other women, since the length of the relationship is very common for the couple to stop using condoms. It is noteworthy that some of these fail to realize your relationship stable as a risk for STIs/AIDS. Despite not feeling totally preventable against AIDS, they also do not consider the people who are married; they recognize the possibility of betrayal between the couple.

Even within this context, the respondents argue that women in stable relationships are more concerned about unwanted pregnancy. Often even think of STI/AIDS. With this, the condom is replaced by the oral contraceptive pill. One can illustrate this with some studies¹⁵

that, with the establishment of trust in the partner, the condom that was used early in the relationship, but later abandoned and replaced by oral contraceptives. Note that the pill promotes a gap between risk of HIV infection and the perception of it.⁸

Other respondents said that women without stable relationship are vulnerable due to a greater number of partners, the trivialization of sex and drug use. It is noteworthy that this thought does not risk monogamous women, who supposedly have a life together, but they often are vulnerable to not use condoms. Women consider female sexual freedom as a vulnerability factor, also featuring a speech by conservative slant, exempting risk women who stay at home. With the view that there are risk groups, there is an exclusion of women who do not have stereotypes deviant in relation to traditional society.⁴

What can also be seen in the present study is the fact that women claim that female infidelity leaves them vulnerable, exposing the partner, continuing the conservative discourse and excluding the risk of women who have only one partner. This erroneous view can result in increased vulnerability of those with only one partner. Under the gender approach, we can analyze this situation is not expected by the nature of woman as infidelity, as a rule, is one of the hegemonic representations of male sexuality.¹⁶ In one study¹⁶, married heterosexual men, there is an intolerance of female infidelity, considered absurd. Again, behaviors considered deviant are not excluded from the critical thinking of the woman in relation to vulnerability to STIs/AIDS, forming the idea that there are risk groups and who do not fit this profile. There are clear boundaries between the possibility of promiscuous people with deviated behaviors, may have AIDS and those women with only one partner, where love and affection are present they cannot get AIDS. The lack of condom use in the process of building stable relationships generated in the context of mutual trust that characterizes couples.¹⁷

Vulnerability has been misinformation, regarding the transmission and means of prevention against STI/AIDS. Even today, there are people without information about methods of prevention, which leaves them more vulnerable. This was mentioned by the women interviewed, despite not having been very clearly put. The lack of information is added to the idea that HIV infection is far as the information of women regarding prevention against AIDS were not enough to prevent.¹⁸ In this research, that was seropositive women, the most important factors for infection was the lack of knowledge of the routes of transmission and ways of prevention, besides the existence of taboo and shame on issues related to gender.¹⁸

Women try to keep away from the disease as something that does not belong to your world and have ease of pointing the other as vulnerable.¹² Finally, illustrating this research is to plan based AIDS as a disease of the "other", the interviewees recognize that other women are vulnerable because they think misfortune will not reach them. This portrays that, although they are excluded from the risk, because they think that this disease is distant, they manage to realize the risk for other women in similar situations sometimes.

CONCLUSION

The interviewees, in a stable relationship, recognize this group as having increased their vulnerability. This occurs because not adopt preventive measures due to the characteristics of stable relationships, such as love, loyalty and trust. Nevertheless, other women perceive the same position as the most vulnerable since it excludes the risk of STI/AIDS, as if they were not experiencing a steady relationship. This condition can be understood as a result of culturally constructed gender inequalities in our society.

Therefore, at the present epidemic, a major challenge for prevention and control of STI/AIDS is reversing this low perception of the risk observed in women. Thus, it is essential to consider that the joint values and feelings, and the construction of gender inequalities, must be present in the intervention and control policies as a major factor of risk exposure. In this sense one should invest for the empowerment of women, as it facilitates the process of change and encourages action to decide about their sexuality and health. For this, health professionals should be sensitized to situations of vulnerability to which the female population is exposed, including the vulnerability of gender. Then you will be able to meet this new reality of the epidemic that permeates by gender and by the broader concept of vulnerability.

REFERENCES

1. Brasil. Ministério da Saúde. Secretaria de Vigilância em Saúde. Departamento de DST, AIDS e Hepatites Virais. DST e Aids entre mulheres [citado 14 dez 2011]. Disponível em <<http://sistemas.aids.gov.br/feminizacao/index.php?q=dst-e-aids-entre-mulheres>>.
2. Santos NJS, Buchalla CM, Fillipe EV, Bugamelli L, Garcia S, Paiva V. Mulheres HIV positivas, reprodução e sexualidade. Rev. Saúde Pública 2002 ago; 36 (4):12 - 23.
3. Cogna M, Ramos S. Crenças Leigas, esteriótipos de gênero e prevenção de DST. In: Bruschini C, Unbehau SG, organizadores. Gênero, democracia e sociedade brasileira. São Paulo (SP): Fundação Carlos Chagas; 2002.
4. Silva CM, Vargens OMC. A percepção de mulheres quanto à vulnerabilidade feminina para contrair DST/HIV. Rev Esc Enferm USP 2009 jun; 43 (2):401-6.
5. Nascimento AMG, Barbosa CS, Medrado B. Mulheres em Camaragibe: representação social sobre a vulnerabilidade feminina em tempos de AIDS. Rev. Bras. Saude Mater. Infant. 2005 mar; 5(1):1-15.
6. Braga ICC, Sousa CAC, Souza SR. As faces da vulnerabilidade - mulher, mãe, HIV positiva: reflexões para a enfermagem na saúde da mulher. R. pesq.: cuidado é fundamental 2010 jan/mar; 2 (1): 572-582.
7. Giacomozzi AI. Confiança no parceiro e proteção frente ao HIV: estudo de representações sociais [dissertação]. Santa Catarina (SC): Centro de Filosofia e ciências humanas, Universidade Federal de Santa Catarina; 2004.
8. Oltramari LC, Camargo BV. AIDS, relações conjugais e confiança: um estudo sobre representações sociais. Psicol. estud. 2010 Jun; 15 (2): 275-283.
9. Saldanha AAW. Vulnerabilidade e construções de enfrentamento da soropositividade ao HIV por mulheres infectadas em relacionamento estável [tese]. São Paulo (SP): Faculdade de Filosofia, Ciências e Letras de Ribeirão Preto, Universidade de São Paulo; 2005.
10. Lowndes CM. Doenças sexualmente transmissíveis. In: Giffin K, Costa SH, organizadores. Questões de saúde reprodutiva. Rio de Janeiro (RJ): Ed. FIOCRUZ; 1999.
11. Dias S, Gonçalves A, Silva M. Gênero e VIH: a vulnerabilidade da mulher nos países em desenvolvimento. Lisboa: Universidade Nova de Lisboa; 2003.
12. Carvalho CML, Galvão MTG, Silva RM. Alterações na vida de mulheres com Síndrome de Imunodeficiência Adquirida em face da doença. Acta Paul Enferm. 2010; 23(1): 94-100.
13. Bardin L. Análise de conteúdo. Lisboa: Edições 70; 1977.
14. Cogna M, Ramos S. Crenças Leigas, esteriótipos de gênero e prevenção de DST. In: Bruschini C, Unbehau SG, organizadores. Gênero, democracia e sociedade brasileira. São Paulo (SP): Fundação Carlos Chagas; 2002.
15. Santos TL, Abud ACF, Inagaki ADM. Vulnerabilidade às doenças sexualmente transmissíveis entre mulheres com alta escolaridade. Rev Enferm UERJ 2009 out/dez; 17(4):502-5.
16. Silva CGM. O significado de fidelidade e as estratégias para prevenção da aids entre homens casados. Rev. Saúde Públ. 2002 ago; 36(4): 40-49.

17. Oliveira DC, Pontes APM, Gomes AMT, Ribeiro MCM. Conhecimentos e práticas de adolescentes acerca das DST/HIV/AIDS em duas escolas públicas municipais do Rio de Janeiro. *Esc Anna Nery Rev. Enferm* 2009 out-dez; 13(4): 833-41.
18. Alves RN, Kovács MJ, Stall R, Paiva V. Fatores psicossociais e a infecção por HIV em mulheres, Maringá, PR. *Rev. Saúde Públ.* 2002 ago; 36(4): 32 -9.



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